

June 30, 2014

DOCKET FILE COPY ORIGINAL

Received & Inspected

JUL - 3 2014

FCC Mail Room

Ms. Marlene H. Dortch
 Secretary
 Federal Communications Commission
 9300 East Hampton Drive
 Capitol Heights, MD 20743

Re: WC Docket No. 10-90 FCC Form 481 54.313/54.422

Dear Ms. Dortch:

Enclosed herein is the annual report for **CHURCHILL COUNTY TELEPHONE & TELEGRAPH dba CC COMMUNICATIONS**, Study Area Code 552349 pursuant to §54.313 of the Commission's rules.

Also enclosed is one copy of this cover letter to be stamped and returned in the enclosed SASE.

Please contact me with any questions at:

Phone 775-423-7654 #1401
 Email mark.feest@corp.cccomm.net

Regards,



Mark Feest
 General Manager

Enclosures

Copies to:

Karen Majcher
 Vice President-High Cost and Low Income
 Division
 Universal Service Administrative Company
 2000 L Street NW, Suite 200
 Washington, DC 20036

Board of County Commissioners
 Chairman of Board
 155 N. Taylor St. Suite 110
 Fallon, NV 89406

Fallon Paiute Shoshone Tribe
 Administration Dept.
 565 Rio Vista
 Fallon, NV 89406

No. of Copies rec'd 0
 List ABCDE

CC Communications



FCC Form 411 - Service Quality Reporting Data Collection Form		FCC Form 411 OMB Control No. 3045-0047/OMB Control Number 3045-0047 2013
------------------------------------------------------------------	--	--------------------------------------------------------------------------------

<010> Study Area Code	552349
<015> Study Area Name	CHURCHILL-CC COMM.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Jim Stilwell
<035> Contact Telephone Number: Number of the person identified in data line <030>	7754237171 ext.1263
<039> Contact Email Address: Email of the person identified in data line <030>	jim.stilwell@corp.cccomm.net

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ANNUAL REPORTING FOR ALL CARRIERS		54.313 Complaints Reported	54.422 Complaints Completed
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	1.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	2.18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 552349nv510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 552349nv610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	552349
<015>	Study Area Name	CHURCHILL-CC COMM.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Stilwell
<035>	Contact Telephone Number - Number of person identified in data line <030>	7754237171 ext.1263
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.cccomm.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

552349nv112 5 year Plan 15-19 spreadsheet.xlsx, 552349nv112 Narrative 2015 - 2019.pdf, 552349nv112 Fiber Service Area 2015-2019 Map.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice) FCC Form 484
Data Collection Form OMB Control No. 3060-0966/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	552349
<015>	Study Area Name	CHURCHILL-CC COMM.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Stilwell
<035>	Contact Telephone Number - Number of person identified in data line <030>	7754237171 ext.1263
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.cccomm.net

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<010>	Study Area Code	552349
<015>	Study Area Name	CHURCHILL-CC COMM.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Stilwell
<035>	Contact Telephone Number - Number of person identified in data line <030>	7754237171 ext.1263
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.ccomm.net

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

<010>	Study Area Code	552349
<015>	Study Area Name	CHURCHILL-CC COMM.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Stilwell
<035>	Contact Telephone Number - Number of person identified in data line <030>	7754237171 ext.1263
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.cccomm.net

[illegible]

<010>	Study Area Code	552349
<015>	Study Area Name	CHURCHILL-CC COMM.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Stilwell
<035>	Contact Telephone Number - Number of person identified in data line <030>	7754237171 ext.1263
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.cccomm.net
<810>	Reporting Carrier	Churchill County Telephone & Telegraph
<811>	Holding Company	
<812>	Operating Company	

[illegible]

Water Collection Form	OME Control No. 3060-0819 / OME Control No. 3060-0819 July 2013
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<010> Study Area Code	552349
<015> Study Area Name	CHURCHILL-CC COMM.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Jim Stilwell
<035> Contact Telephone Number - Number of person identified in data line <030>	7754237171 ext.1263
<039> Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.cccomm.net

<910> Tribal Land(s) on which ETC Serves

Fallon Paiute Shoshone Tribe (FPST)

<920> Tribal Government Engagement Obligation

552349nv910.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Select (Yes, No, NA)
<922> Feasibility and sustainability planning;	Yes
<923> Marketing services in a culturally sensitive manner;	Yes
<924> Compliance with Rights of way processes	Yes
<925> Compliance with Land Use permitting requirements	Yes
<926> Compliance with Facilities Siting rules	Yes
<927> Compliance with Environmental Review processes	Yes
<928> Compliance with Cultural Preservation review processes	Yes
<929> Compliance with Tribal Business and Licensing requirements.	Yes

Select (Yes, No, NA)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Data Collection Form	FCC Form No. 302-0086 OMB Control No. 3060-019 July 2013
----------------------	-------------------------------------------------------------

<010> Study Area Code	552349
<015> Study Area Name	CHURCHILL-CC COMM.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Jim Stilwell
<035> Contact Telephone Number - Number of person identified in data line <030>	7754237171 ext.1263
<039> Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.ccomm.net

Please check this box to confirm no terrestrial backhaul
 <1120> options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers
 <1130> broadband service of at least 1 Mbps downstream and 256 kbps
 upstream within the supported area pursuant to § 54.313(G)

☐

LifeLine Data Collection Form
 Control No. 300-098 VON'S Control No. 005-089
 May 2013

<010>	Study Area Code	552349
<015>	Study Area Name	CHURCHILL-CC COMM.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Stilwell
<035>	Contact Telephone Number - Number of person identified in data line <030>	7754237171 ext.1263
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.cccomm.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

--	--

Name of Attached Document

<1220> **Link to Public Website**

HTTP www.cccomm.net

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

☒

<1222> Details on the number of minutes provided as part of the plan,

☒

<1223> Additional charges for toll calls, and rates for each such plan.

☒

Data Collection Form Including List of Recipients of Support with Price Cap Legal Exemption Carriers	OMB Control No. 3060-0080 OMB Control No. 3060-0080
---------------------------------------------------------------------------------------------------------	--------------------------------------------------------

<010>	Study Area Code	552349
<015>	Study Area Name	CHURCHILL-CC COMM.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Stilwell
<035>	Contact Telephone Number - Number of person identified in data line <030>	7754237171 ext.1263
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.cccomm.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐

<2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

Form No. 3060-0613	
--------------------	--

<010> Study Area Code	552349
<015> Study Area Name	CHURCHILL-CC COMM.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Jim Stilwell
<035> Contact Telephone Number - Number of person identified in data line <030>	7754237171 ext.1263
<039> Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.cccomm.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)

☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐ ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No)

☐ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

- (3023) Underlying information subjected to a review by an independent certified public accountant

☐

- (3024) Underlying information subjected to an officer certification.

☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information



<010> Study Area Code	552349
<015> Study Area Name	CHURCHILL-CC COMM.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Jim Stilwell
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<039> Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.cccomm.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: CHURCHILL-CC COMM.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/30/2014
Printed name of Authorized Officer: Mark Feest	
Title or position of Authorized Officer: General Manager	
Telephone number of Authorized Officer: 7754237171 ext.1401	
Study Area Code of Reporting Carrier: 552349	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<010> Study Area Code	552349
<015> Study Area Name	CHURCHILL-CC COMM.
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<035> Contact Telephone Number - Number of person identified in data line <030>	7754237171 ext.1263
<039> Contact Email Address - Email Address of person identified in data line <030>	jin.stilwell@corp.cccomm.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

DATA COLLECTION FORM

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

[illegible]

<711>

[illegible]